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The Research-Based Strategies to Help Trauma Students in a Preschool Classroom

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The Research-Based Strategies to Help Trauma Students in a Preschool Classroom

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EDU635.03: Capstone Action Research Plan

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August 21, 2022

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Abstract

Trauma in young children is an event that undermines a child's sense of physical or emotional safety or poses a threat to the safety of the child's parents or caregivers. There are different levels of trauma. Small changes in classroom interactions can make a big difference for traumatized students. Up to two-thirds of U.S. children have experienced at least one type of severe childhood trauma, such as abuse, neglect, natural disaster, or experiencing or witnessing violence. Trauma is the most significant public health issue facing children today. When teachers are proactive and responsive to the needs of students suffering from traumatic stress and make small changes in the classroom, the students feel safe.

Keywords: Trauma, Preschool, Early Childhood Education, Social-Emotional

According to Barbara Sorrels (2015), preschool teachers see more children with trauma entering preschool classrooms. Sorrels also states that early childhood professionals are typically the first to see a child in the home and play a vital role in identifying maltreatment and unhealthy development patterns. A preschool teacher's initial introduction to a student is the beginning of the year home visit. The teacher is there to build the relationship between the student and their families. At the Early Childhood Center, teachers have some professional development opportunities for assessing trauma and creating plans to support students that have experienced trauma. In addition, it has concerns that The Zones of the Regulation module and similar tools have not been part of professional development. The question for an action research paper is what research-based strategies Preschool teachers with trauma can implement in their classrooms? The Pyramid Model ensures programs attend to both the implementation of evidence-based practices and develop the infrastructure to sustain these efforts. Children have better social skills and less problem behavior in Pyramid Model classrooms. Practitioners can implement Pyramid Model practices better when they receive training and practice-based coaching. (Center on PBIS, 2022). The action research will identify trauma and interventions integrated into a preschool classroom. DeYoung et al. (2011) state that young children are vulnerable to experiencing adverse outcomes as they undergo rapid development. Trauma in preschool has adults buying into the myth of the resilient child. Believing children are inherently so at birth, that resilience is hard-wired into all children. This action research plan aims to inform early childhood teachers about the training and knowledge of preschool-age students with trauma. Teachers need to be able to see signs of trauma or unusual behavior that may require further investigating or outside support. Preschool-age students will bring behaviors that can make learning and teaching difficult. Teachers will feel defeated, but with a proper intervention

plan and support systems, these interventions will guide educators in preparing and assisting trauma students in the classroom. The research study found peer-reviewed journals in the databases in the DeWitt Library. DeWitt library is a source from Northwestern Community college to provide scholarly articles about trauma in preschool. The articles will show how trauma can occur in young children. The reports show evidence of causes, symptoms, and treatment to help preschool-age students through the trauma of being successful in learning. Duffin (2021) states that the percentage of preschool students with trauma in the United States in 2020 is 6% for three-year-olds and 34% for four-year-olds. More and more preschool-age students have at least one or two types of trauma entering the classroom. As the school year goes on, some traumas will increase or decrease. Preschool-age students are at high-risk age for exposure to trauma. Childhood anxiety symptoms are predictive of a myriad of developmental cascades, with the potential of long-term negative impacts on mental health. (Robinson et al., 2018) Exposure to trauma in a preschool classroom can cause the risk of depression in mothers. Maternal depression also has substantial links to offspring anxiety. (Robinson et al., 2018) Intervention strategies and additional support will provide teachers with training to assist trauma students. Some interventions have established evidence-based strategies when considering therapeutic intervention for young children. Early childhood educators work with families that have a part in helping their children decrease the trauma in their life, as well as strategies to express feelings and emotions. The National Child Traumatic Stress Network (NCTSN), indicating the treatment developer, the intended age group, the level of evidence, and a brief description of the focus and design of the intervention, has listed these interventions. According to Akkus et al., given the high prevalence of potentially traumatic events (PTEs), pediatric providers are in a novel position in the early identification and referral of children with PTEs.

The paucity of culturally adapted instruments to screen PTEs and related symptoms in preschool-aged children limit pediatric providers. Moreover, the PTE has developed the cultural adaptation of the Child and Adolescent Trauma Screen (CATS) Caregiver-report 3-6 Years version to analyze. (Akkus et al., 2021) Programs geared to provide educators with a research-based curriculum to help children with an opportunity to learn how to express feelings. Young children cannot understand the reasoning but exhibit it through behavior. Behavior is a big way for young students to show something more to their behavior. The student needs help understanding the behavior and learning skills to control it in the school environment. The literature review defines trauma, causes or events that trigger childhood trauma, the role of family attachment, and interventions to use in a preschool classroom. The research will help young children identify and control trauma and implement strategies or skills.

Literature Review

Defining Trauma

DeYoung et al. (2011) state that preschoolers are a high-risk group for exposure to trauma. Young children are vulnerable to experiencing adverse outcomes as they undergo a rapid developmental period. They have limited coping skills and are strongly dependent on their primary caregiver to protect them physically and emotionally. Young children develop psychiatric disorders, such as anxiety, depression, and oppositional defiant disorder. Prevalence rates are comparable to rates reported for older children, and problems often persist over time. According to professionals, trauma during early childhood is one area that needs more research-based strategies. Traumatized young children are at a greater risk of developing emotional and behavioral difficulties. Young children often re-experience trauma through post-traumatic play.

The distinctive characteristics of post-traumatic space include a rigid, repetitive, and anxious quality whereby the child repeatedly reenacts themes from the trauma.

A child's early relationship involving trust and security usually has more positive outcomes later in life. (Edge, 2019) For example, a student whose mother was in a treatment center for drug addiction and working back into "normal" living. The student would arrive unkempt, dirty, and always hungry. This trauma caused the student to have issues with trust, acceptance, and a lack of relationships with adults and peers. Children can experience the full range of traumatic stress reactions seen in adults, and many youths meet the criteria for DSM-IV diagnoses of either acute stress disorder or post-traumatic stress disorder (PTSD). (Garro et al., 2011) These disorders do not fully account for many types of childhood trauma, including psychological maltreatment, neglect, separation from caregivers, and inappropriate sexual contact. Even when children experience events more commonly characterized as traumas, research indicates that their reactions are not entirely congruent. Garro et al. (2011) state that the standards may not adequately describe trauma responses in the pediatric population. Trauma exposure is a significant mental health problem with detrimental effects for children of all ages, including preschoolers. Given the unique dynamics of trauma in younger children, with appropriate knowledge and the tools to address the needs of this population. As general and special education teachers, educators know a high need for more professional development and understanding of mental health and trauma entering school. One-time training will not be enough for all to assist and help students with trauma due to their multiple roles as interdisciplinary team members, case managers, and mental health providers. School psychologists are in an optimal position to identify young, at-risk children and assess trauma's cognitive and psychosocial effects.

When educators share that a child has challenging behavior, they jump to conclusions, such as making judgments about the family. (Edge, 2019) According to Grasso (2011), the prevalence of trauma exposure in young children is concerning and has severe implications for children's development. The research will focus on the primary purpose of student development. Grasso states that one thousand one hundred fifty-two children aged 1–3 indicated that one in six (16.9%) children experienced one or more potentially traumatic events (PTEs). Young children may be more vulnerable to life stress if they have experienced potentially traumatic events. To maintain an adaptive developmental trajectory, these children may need buffering from the effects of complex and more manageable stressors. Pediatricians and early childhood professionals need to monitor PTE exposures and anticipatory guidance. As stated by Grasso (2011), findings suggest that boys and girls are equally at risk for externalizing problems in the context of this combined adversity. In preschool, girls are more emotional and hurt easily, but boys like to keep the trauma inside and let it stir. Grasso (2011) states that raising professionals' and parents' awareness of the relationship between PTE exposure and maladaptive responses to life stressors. Professionals must be precious in minimizing or preventing behavior problems in young children.

As Edge (2019) shared in an article, teachers often encounter challenging behaviors involving noncompliance. The behaviors occur during transitions, such as toileting transitions, cleaning up toys, and cleaning up at lunch. Unfortunately, when educators judge children's behavior, we tend to place responsibility on the child's experiences when not in school.

Nuttall (2014) states that memory is crucial because memories of past events influence current and future behavior and the development of self-relevance and self-concept. The researchers have observed this recently in a preschool classroom. If a student has had a rough

night at home, it seems they bring that trauma into the classroom. Students want peers to feel what they are feeling at that moment. Specific memories are self-referent memories of a single past event that occurred at a particular time. In contrast, over general autobiographical memory (OGM) refers to the robust phenomenon of difficulty retrieving specific autobiographical memories.

Friedman (2020) states that early childhood classrooms are places where the support of knowledgeable early childhood teachers, children, and families can thrive in the face of adversity. Early childhood classrooms are places where educators observe children's behavior and expressions. Teachers can call upon techniques to help all young children develop the coping skills they need to deal with stressors in the classroom. Educators receive additional support from the administration or collaboration with teachers to be strong and healthy enough to be the champions of children and families with a history of trauma.

Family Attachment and Trauma

Aideusi (2007) states that complex trauma results from repeated or chronic traumatic experiences in childhood. The traumatic experiences have a pervasive impact on the child's physical, sensory, emotional, cognitive, and social growth. Through the work of these early pioneers, we can recognize the factors that promote secure attachments. A secure attachment provides a protective source of mutual regulation. Secure attachment identified by mirroring the child's responses, including facial expressions, tone, excitement, or calm, lets educators identify the traumatic issues in the classroom. The child shows attachment when the parent/caregiver is available and able to meet the child's needs responsively and appropriately. Using greetings at the classroom door builds the relationship between student and teacher. Teachers providing intentional time for relationships with trauma students will build respect and trust. If an educator

knows at least one key thing about a student, then that student feels welcomed and safe because their teacher took the time to learn about their needs and wants. This attachment provides a sense of safety and regulates effect and arousal. Secure attachment promotes expressing feelings through parent/caregiver modeling and teaching the child how to cope with problems.

Coe et al. (2019) state that chaos distributed across social-emotional learning and is not simply a proxy for broad experiences with adversity will present negative behavior. Between 2010 and 2015, a project examined biopsychosocial consequences of child maltreatment and the background of children to determine if domestic violence in the home affected children. Participants included 274 children and their primary caregivers in the Rhode Island area. Parent difficulties are a key mechanism underlying the risk posed by experiences for children's behavior. Coe et al. concluded that domestic violence observed or recipient of behavior played a role in a child's learning.

Aideusi (2007) states that, in contrast, when the caregiver is neglecting or abusive to the child, the child's ability to self-regulate and form a secure attachment is limited. Neglect and abuse significantly affect attachment and brain development. Prolonged, severe, or unpredictable stress, including neglect and physical, emotional, and sexual abuse, as well as domestic violence during early childhood, can cause the brain's development to change. The child's experiences harm their physical, sensory, emotional, cognitive, and social growth. Neglect alone can cause neuronal pathways to wither and die, and as a result, the child may not achieve the usual developmental milestones. Children raised in abusive, neglectful environments where their parents disregard their children's need for comfort, stimulation, and affection may be at risk of developing Reactive Attachment Disorder (RAD). As Aideusi (2007) stated, preschool-age

students are at high risk. Their way of dealing with this trauma is fight or flight. A student can stay in this mode all day or calm when proper strategies are in place.

Aideusi (2007) includes traumatic events characterized as sudden unexpected events that are shocking in nature, death/threat to life or body integrity, and subjective feelings of intense horror, terror, or helplessness. Playtime is when the child may need some help accepting a mistake they made or to help improve their mood. For example, if the students need to pick up toys when the chime rings with a tidy-up song. Again, acceptance of the child is essential. Parents/caregivers must use curiosity whenever there is a problem or concern for the child's behaviors. For example, the parent/caregiver might talk with the child and ask questions about what might make it easier for the child to stop playing and tidy up. The parent would utilize the intersubjective dialogue to communicate between the parent/caregiver and the child. The exchange provides an opportunity for the parents/caregiver to co-regulate the child and provide an opportunity for a reciprocal relationship to gain a greater understanding of each other.

According to Brinamen and Page (2012), the therapeutic classroom was a collaboration between a typical early education program and a community agency that offers mental health services in early education settings. While working side by side, the mental health staff helped teachers in the community gain new skills while meeting the needs of children with severe emotional and behavioral challenges due to trauma. The research met with principals and other resources such as behavior specialists, counselors, and the ESCE consultant to assist in the study. If associations are primary, then each adult's contribution, experience, and availability are valuable. Infant mental health (which, despite its name, spans birth through 5) assumes that development is transactional, meaning children develop in, and are shaped by, their primary

relationships. The amount of time children spend in classrooms makes teachers integral to children's relationships with others and their development.

According to Lovett and Haring (2003), the transition is the change process in service to preschool. However, Nu- search indicates that other types of transitions numerous authors have discussed factors that are frequent in the lives of families within support successful transitions for families with infants and young children with disabilities, young children with disabilities. Some recommendations for assisting families changing early childhood are the findings of this research.

Trauma in Preschool Classroom

Schwartz (2019) shared that many teachers say knowing how to help students who struggle outside school is a significant challenge. Although, the research has linked focusing on social-emotional competencies to higher academic performance and better outcomes outside of school. Teachers say it is essential to teach the skills, but many still do not feel equipped to help students manage their emotions. In addition, teachers have difficulty finding ways to help students who appear to be struggling with problems outside of school. Forty-three % of teachers said they found it hard to find ways to help students who appear to be experiencing emotional or psychological distress.

Vericat Rocha and Ruitenberg state (2019) that trauma should be morally evident and that abusing children in any shape is wrong. In particular, stemming from the mental health field, a trauma-informed approach seems to have become a privileged way to understand and attend to children exposed to an array of traumatic experiences. Moreover, techniques provide early

childhood caregivers and educators with the awareness that some behaviors can be expressions of early childhood trauma that call for healing opportunities rather than behavioral correction.

The study shows that trauma-informed educators to the child can identify trauma triggers and avoid traumatization. They are aware of past or ongoing occurrences of trauma, so when faced with a child who might be acting out, instead of asking what is wrong, they approach the child with curiosity and the willingness to know what experience shapes their behavior. The study found professional development on trauma among students, but it was one-time. The proposal of a trauma-informed approach to emotions that belong in educational contexts suggests that schools can function as having for emotional expression and healing. Young Children (2021) states that supporting the early childhood education workforce to have the resources and tools necessary for meeting the needs of younger children.

Young Children (2021) states that understanding social and emotional development is critical to learning. As early childhood educators become knowledgeable about early childhood trauma, they will likely be more alert to its associated symptoms. However, it is still unclear to what extent bias or enrichment for understanding each child. By exploring some of the possible limitations of trauma-informed approaches to early childhood education, educators do not want to dismiss the foundational character of early childhood and early childhood trauma. Instead, the study seeks to contribute to children's mental health and well-being by broadening the dominant approaches that seek to address it, particularly by highlighting the need to assume an ethical responsibility towards each child as a unique individual. Early childhood trauma has neurobiological, cognitive, socio-emotional, and behavioral consequences. This knowledge fuels the development of political, social, and therapeutic actions to support young children's mental health and well-being of early childhood trauma.

As stated by Loomis (2018), school interventions point to addressing childhood trauma due to the well-established links between childhood trauma exposure and poor child well-being outcomes. Although preschool-aged children experience higher rates of trauma, their older counterparts have a shortage of information available related to trauma-informed preschool. Preschools are potential natural systems of care to support children who have experienced trauma. Unfortunately, little research suggests best practices for trauma-informed preschools. Young children experience exceptionally high rates of adversity and trauma by age 4. 25% to 50% of preschool-aged children will have experienced a potentially traumatic event, such as abuse, neglect, or witnessing violence, with higher rates of exposure for children living in poverty. Childhood trauma includes maltreatment, such as physical, sexual, emotional abuse, and neglect, as well as indirect trauma, such as witnessing a caregiver abused.

Fong (2021) shares the recognition of the power of collaboration to elevate the role of early childhood educators. Trauma exposure can specifically affect a student's ability to succeed in academic settings. The study collects several students whose trauma delays academic learning. Educators can identify trauma, and academics will take effect if a student has the tools to correct or stop behavior issues. Early adversity is too impaired social-emotional development. The internalizing and externalizing symptoms and problem behaviors related to trauma exposure in preschoolers may present challenges for students in the classroom. Trauma will not affect their academic engagement and relationship with peers and teachers but increase the risk of exposure to potentially harmful disciplinary practices. Therapeutic preschools are settings that seek to go beyond the standard preschool curriculum to support young children's socioemotional and behavioral needs. Components of therapeutic preschool programs may include the use of interdisciplinary teams within the school setting. Focusing on routines, safety, relationship-

building in the educational structure, opportunities for group and individual therapy, therapeutic play, and parenting support included psycho-education and clinical resources for parents. One of the outcomes associated with therapeutic preschools has been re-integration into standard preschool classrooms. Integrating some components of therapeutic preschools within trauma-informed preschools may help retain children who previously may not have been successful within their preschool classrooms due to behavioral or emotional challenges. Trauma-informed preschool classrooms should ensure that teachers and other school staff train to realize, recognize, and respond to early childhood trauma. School staff has support to mitigate against secondary trauma and engage in self-care to promote staff well-being. Teacher training is a component of many trauma-informed models and is an important area for further development and evaluation. Friedman (2020) explains that teachers call upon techniques to help young children develop coping skills in the classroom.

Interfering with young children within existing systems of care such as preschools may enable more children and families to receive trauma-informed care and promote the well-being of young children. There are several key components of trauma-informed preschools based on research on therapeutic interventions and trauma-informed education with young and older children. According to Berson and Baggerty (2009), in representative studies of children in the United States, researchers have reported that 71% of children have had at least one type of traumatic event in the past year. In addition, 70% of children have experienced multiple exposures. Exposure to a traumatic experience has short- and long-term consequences in a child's life and can contribute to physical and mental health problems and education. Nearly 15% of these children will develop chronic issues that can significantly impair their emotional,

academic, and social functioning. Most of these problems classify as anxiety disorders, the most common being post-traumatic stress disorder (PTSD).

Erdman et al. (2020) state that educators devote much time, energy, and professional responsibilities to others, but educators may not devote time to distress. In social, emotional, and behavioral domains of functioning, children may experience fear, anxiety, depression, irritability, increased aggression, withdrawal, regression, clinginess, and avoidance of trauma-related stimuli. Cognitively, children may share intrusive memories of traumatic events that can cause decreases in concentration, reasoning, memory, and reading abilities. Children burdened by problems are especially vulnerable. The further assault on children's fragile sense of well-being can have lasting consequences for their functioning. Teachers may be overwhelmed by the current adverse event or by reminders of a previous traumatic event. The numbing effect of the trauma may make it hard for teachers to identify students in crisis. These adults may be more irritable and less responsive than usual. Some teachers, fearful of their reactions or lacking answers to students' questions, may avoid discussing the events. They may worry about exacerbating the students' negative emotions.

According to Berson and Baggerty (2009), teachers may have trouble concentrating on lesson planning when students need structure and routine. The fear of being ill-equipped to handle controversial or emotionally laden content may result in denial of the importance of the event. Teachers incapacitated with fear of physical harm to children while in their care exhibit hypervigilance to their surroundings. Teachers need to create a classroom environment that is safe, nurturing, and responsive to the needs of children who have traumatic events. (2009) say that in this context, educators will find many opportunities to attend to children's basic needs for comfort and reassurance. Educators can facilitate this by creating a classroom culture of support

and care. When children confront traumatic events, teachers need familiar strategies to help children in the classroom manage their distress. One system includes maintaining a balance between adhering to regular routines and accommodating children with individualized needs. Flexible and responsive classroom interactions are essential in establishing comforting and caring environments. A sense of security is through consistent class routines, which help restore order amid chaotic feelings. Flexibility in scheduling is necessary to allow students to process their thoughts and feelings and receive accurate information. Schools have an essential responsibility to protect children and serve as a bridge for the family and community, allowing the development of a social network for the child. This responsibility arises from the close interaction between school personnel and children in a professional context that provides an opportunity to observe and intervene to protect children and support families.

Berson and Baggerty (2009) state that understanding trauma's physical, social, emotional, behavioral, and cognitive impact on children will help early childhood teachers recognize indicators for needed interventions and moments of compassion. A strong relationship with a competent, caring, positive adult is critical in restoring a sense of safety. Children want assurance that their family and friends will be okay. They need permission to laugh, play, and explore their childhood. Fostering children's courage in the face of trauma does not require that their fears be ignored but rather a reassurance that they can still go on, grow, and strive for a future of hope despite their fears. Providing multiple forms of support will communicate a caring culture and promote safety, success, and resilience for all children. The gift of childhood is the capacity to dream and see the potential for achieving extraordinary things. Positive messages of kindness and community can foster resilience and highlight for young children the vital role they can play in creating a peaceful existence when confronted with loss. As we share news of

reassurance, understanding, and caring, we learn from our children that our collective efforts have the power to overcome challenges.

According to Sanders (2020), children growing up in poverty will likely experience adversity during the first five years, including parent-child separations, family violence, unstable housing, and parental dysfunction that reduces early parenting support. This early adversity may leave children vulnerable to feelings of distress and insecurity, particularly during high-stress events. Interventions implemented in the preschool context may foster later resilience to school stressors by helping children develop skills that support successful adaptation and coping, including the capacity to regulate their emotions and form supportive relationships with teachers and peers. Early interventions that improve socialization support and promote the social-emotional and self-regulatory skills to foster adaptive stress may need critical environmental strategies. Fostering preschool language skills, particularly the capacity to label and talk about feelings and use language effectively to initiate and maintain supportive interpersonal relationships, may also enhance self-regulation skills and build social support.

Managing Trauma

Fong (2021) says early childhood educators can listen to, observe, and guide young children through prepared play spaces, daily routines, and everyday interactions. Early childhood educators learn to participate in early intervention processes through effective communication and collaboration. Educators of older students understand that the root of social and emotional learning begins in infancy and continues with the child.

Sciaraffa (2018) states that adverse childhood experiences (ACEs) describe abuse, neglect, and other traumatic childhood experiences that affect later health and well-being. Learning to

recognize, express, and regulate one's feelings in healthy ways is essential to social and emotional competency. A positive relationship between the teacher and the young child's family is a source of support for families in general and during times of stress and need. Parents who feel welcomed and accepted in the early childhood education program, and think that their input and perspectives are valued and incorporated into the child's daily activities, are more likely to be cooperative and involved in the center. A positive relationship enhances the ability of the teacher to provide general information to the family, such as classroom expectations and typical development. In addition, it facilitates discussions concerning the needs of the child.

Erdman et al. (2020) explain that the selflessness it takes to work with, nurture, and teach young children is a testament to the commitment of those who have chosen this profession. Teachers can model healthy adult-child interactions. By working collaboratively with parents, teachers provide additional protection for children who experience adversity. The preschool child is developing their sense of self but needs help handling stress, comfort, and guidance from a go-to teacher to help manage more challenging situations. Several strategies may be helpful: increasing self-regulation, enhancing problem-solving and social competence, and helping the child to develop self-efficacy. Adults can increase self-regulation in upset preschoolers by modeling, prompting, and reinforcing self-calming strategies.

As stated by Sciaraffa (2018), preschoolers are learning how to interact with each other and learning problem-solving skills. For children who have experienced significant trauma, such skills can reinforce development and provide prosocial experiences that contribute to a sense of mastery. General strategies, such as assisting the child in collaborating, taking turns, and being aware of the feelings of others, enable him to participate in activities with other children. Brain development in the early years is especially susceptible to toxic stress caused by ACEs. Young

children who have experienced significant adversity need adults who can assist in increasing their physical health and mental well-being. Early childhood educators can play a role in identifying children experiencing early hardship and responding by providing environments that mitigate the short-term effects and may enhance the development of protective factors.

According to Mitchell (2013), to understand the teachers' perceptions about their education and training, what influences their attitudes and beliefs, the pedagogical strategies and techniques they deem effective, the methods of mastery in their classrooms, and their concerns and needed support as teachers. An increasing need exists in early intervention for practical approaches to address challenging behavior in early childhood settings. According to Hemmeter et al. (2007), this need for interventions is because a growing number of preschool children reported complex behavior and an increasing knowledge base about the long-term outcomes for children who engage in problem behavior during early childhood. Teachers say that problematic behavior is one of their highest priority training needs. A promising approach to addressing challenging behavior in early childhood settings is a comprehensive program system of positive behavior support (PBS). While program-wide, the PBS model has clearly articulated its use in elementary and secondary schools. The purpose is to describe the essential elements of a program-wide model of positive behavior support that reflect an understanding of the needs of young children and the unique characteristics of early childhood settings. Educators, parents, and program administrators have increased awareness about the growing number of young children beginning school without the emotional, social, behavioral, and academic skills necessary for school and life success. While the effective rates at which emotional and behavior problems occur in young children are now well-documented, specific estimates of prevalence rates vary depending on the sample and criteria used. The alarming frequency with which young children

are entering school displaying severe problem behavior has resulted in an interest in providing early intervention to children during the toddler and preschool years. The SWPBS model involves promoting appropriate behavior, preventing problem behavior, using data to understand issues related to problem behavior, adopting evidence-based intervention practices, and focusing on social skills instruction.

Some schools across the United States have adopted SWPBS key elements. As stated by Hemmeter et al. (2007), the school defines its behavior expectations, and all school staff uses this standard language in teaching students the expectations as a primary prevention practice. A school-wide system of recognition and rewards acknowledges the appropriate choice. Young children served in a variety of settings such as Head Start, childcare, and public schools have a variety in the training requirements of staff, staff-child ratios, hours of operation, availability of behavioral expertise, and accreditation or performance standards. Educators should establish a leadership team with representatives from the staff and administration of the program, families, and other professionals who support the program for children with challenging behavior or mental health. This team should include members with authority to make decisions about policies and procedures, curriculum changes, and professional development activities. Active participation from the administration is critical. The leadership team develops an implementation plan for the program-wide initiative and guides the ongoing implementation and evaluation of the model. Leadership teams are encouraged to meet monthly to review implementation progress and data, identify program and teacher needs, and determine the next steps.

Erdman et al. (2020) share that trauma touches everyone. If left unchecked, it is likely to leave harm in its wake. Educators focus first on the students. Performing as an early childhood educator can be physically and mentally exhausting. Educators experience children who are in

survival mode. These behaviors can be aggressive, rude, uncooperative, and inattentive. Burnout is a reaction to prolonged or chronic job stress characterized by three main dimensions: exhaustion, cynicism, and feelings of reduced professional ability. The selflessness it takes to work with, nurture, and teach young children is a testament to the commitment of those who have chosen this profession. Everyone who teaches children with a trauma background is susceptible to compassion fatigue. Secondary trauma among those who experience it is because they are profoundly empathic and take children's trauma to heart.

Erdman et al. (2020) share strategies for helping educators with trauma. Self-care involves incorporating activities to restore and improve physical and emotional well-being into everyday life. Strategies for helping educators utilize self-care when teaching young children exposed to trauma. Those strategies are being kind to all, cultivating mindfulness, and having a plan that takes care of educators and students.

Methodology

The study has experienced the concerns of students bringing trauma to the learning environment. The study will research a plan on preschool children entering with one or more types of trauma. The question addressed is what research-based strategies the preschool teacher can implement for students with trauma in the classroom. The study found a question for the action plan would be through various data collections and other interventions to assist students who struggle with social-emotional skills. The study will collect data through observations, photos, and videos. At the beginning of the school year, families will fill out a family interview focused on social-emotional development in the home. The study will collect the data at The Early Childhood Center in Fort Dodge, Iowa 50501. The classroom is a full inclusion classroom

with preschool-age student's three-years to five years old. The study will study free preschool grants and special education services. Outside helps offer students speech, occupational, physical, and behavior plans.

The study will implement interventions in the preschool classroom and follow the action research plan. Leader in Me is a new positive-behavior implementation across the Fort Dodge School District. The study will acknowledge students by receiving a leadership slip. The leadership slips are multi-color with the four core beliefs: empathy, integrity, leadership, and respect. The study will follow one or more core beliefs, and an adult will hand a leadership slip to the student. The student receives a colored slip and receives feedback instantly. In addition, the principal will give the winning class a banner and a take class photo.

The Zones of Regulation framework and curriculum teach students skills toward developing a metacognitive pathway to build awareness of their feelings/internal state to utilize various tools for a healthy connection. The Zones of Regulation provide a common language and compassionate framework to support positive mental health and skill development. The study will ask students to pick a zone they are currently feeling. For example, there will be a blue zone (sadness, tired), a green zone (happy, calm), a yellow zone (agitated, frustration), and the red zone (angry, disappointed). Students that pick the yellow or red area will receive immediate support for the reasoning.

The Second-Step curriculum provides opportunities for all students to learn and understand the skills necessary for functional behaviors. Students learn strategies for calming, listening, following directions, fair ways to play and identifying comfortable and uncomfortable emotions. When focused on solving social problems with peers, students will need to gain peers' attention by tapping the student's shoulders. The skill of gaining a peer's attention at recess and

center time. The study will read a social story based on skill. The study will read a social story during whole group time or one-on-one with an adult. Modeling and practicing is an intervention that allows students to practice the skill taught by the teacher. Daily lessons and opportunities to practice the skill occur at the morning meeting, concluding with daily second-step skills.

All interventions shared above will be implemented immediately on August 22, 2022, and end on May 19, 2023. The data entered into Teaching Strategies Gold will show proficiency, progress, and not meeting expectations. In addition, the data was to view areas of interventions that are successful and can continue in the fall or may not be working and will need changes.

Data Collection

The study collected data through qualitative and quantitative assessments for the action research. Based on trauma, the data includes a baseline for social and emotional learning in a preschool classroom. The baseline percentages are from family interviews, observations, and Teaching Strategies Gold age band leveling. The reasoning of the action research is to inform educators with training or without training in regards to trauma. They provide learning opportunities to implement interventions and observe signs of a student-exhibiting trauma in a preschool classroom. Preschool students will bring behaviors that can make learning difficult. Teachers may feel defeated, but with proper interventions and support to guide educators on how to assist students with trauma.

The action research aims to provide educators with the skills to identify trauma in young learners. The research will give ample interventions to use in a preschool setting. The research team will provide opportunities to use the interventions. During interventions, students did express feelings and emotions. The research thought it was more appropriate for students to learn how to use a skill appropriately in the classroom with adults and peers. The data for the action

research provides educators the information needed to proceed with assisting students in learning to take control of their social-emotional development.

The research will use qualitative and quantitative assessments to collect data. The data collected will focus on understanding perceptions and opinions and verbally asking open-ended questions. The research will collect data in the least restrictive setting and measure how trauma affects young children. Teaching Strategies Gold used a form to collect data on benchmarks and objectives. The research will view age bands for three-year-olds and four-year-old students. For example, the research will focus on the green age band for three-year-olds and the blue for four-year-olds. Observations, photos, and videos collected by the research can upload to assist the researcher in viewing where the students are leveling. The research will collect data on 19 students in an all-inclusion classroom. The study will have one teacher and two-Para educators.

Leader in Me program focuses on empathy, integrity, respect, and leadership. The preschool team will observe students throughout their day of preschool. When students implement the parts of Leader in Me, the student will get a leadership slip. Documentation of the skill that a student completed, such as kind words, helping peers, putting toys away, and exhibiting an excellent friend to another. In addition, the study marked the anecdotal form P (needs more practice), M (meets expectations, and N.Y. (not yet).

The Second-Step curriculum allows teachers to provide skills for students to express emotions, such as identifying and resolving social problems among peers. During instruction, the Para educators observe students and collect data to be marked on a form created by the teacher. In addition, Para educators and the teacher will manage videos of students performing the skill and pictures uploaded to Teaching Strategies Gold. Finally, as a team, the teacher and para educators will collaborate and determine students who need more intervention support and which

students are proficient. The teacher will use the snapshot report to identify the percentage of students struggling with social-emotional objectives. Educators review data to assist with lesson planning.

The Zones of Regulation have different zones colors, such as blue, green, yellow, and red. Students will enter the classroom and place their name cards on the zone they feel. For example, if happy, they would put the name card on the green; if sad, remember the name card on blue; if frustrated, they place the name card on yellow; if mad, put the name card on red. Students in the yellow and red zone will receive immediate feedback from all adults to listen and help them student change their location. Students in the yellow and red areas may need additional support such as social stories, fights, or an adult to listen and make time for the student.

Teaching Strategies Gold allows the teacher and para educators to collect data on all forms of developmental areas. Through observations for a specific objective, pictures uploaded to the Teaching Strategies Gold webpage, and videos help the teacher determine what age band to level a student. For example, three-year-olds have a green color band, and four-year-olds have a blue color band. The teacher and para educators will observe managing feelings, identifying feelings, inviting and joining in play, calming down, and fairways to play. In the fall, students will either be at the beginning of their color band or not yet able to show completion of skill. In the winter, students will be in the middle of their color band. In spring, the goal is to have students 80% proficient in their color band. The analyzed data guides the teacher in identifying students not skilled in the social-emotional objectives. The students who are not meeting will have more one-on-one interventions or a small group.

Analyze Data

The findings of trauma in the preschool share that young children enter the preschool with some trauma. Young children have more trauma than other children do. The students who have trauma show challenging behaviors in the preschool program. Utilizing Second-Step, Leader in Zones of Regulation, Teaching Strategies Gold, and Me would help the study create a plan. Second-Step provides strategies for identifying feelings, calming down systems, fair ways to play, and using an assertive voice.

The study found that trauma in a preschool shows a need to have a research-based curriculum to assist the study with addressing trauma and the best strategies or interventions to provide students with the skills to take ownership of decreasing trauma in themselves. The study will help educators to help students learn that they are in a place where they will have support, calmness, and acceptance in learning. The study will view data on social-emotional development as more of a learning need. The study will create a plan with students about trauma and create a support plan. The study will collaborate with educators to provide support. The study will have additional support to assist educators, including school counselors, families, behavior specialists, and administration.

The literature review research utilized the study to take action by defining trauma. The study questioned what trauma looks like in the home and at school. The study questioned what is effective and what does not work for helping students with trauma. The literature review provided the causes of why preschool-age children are entering preschool with trauma. Preschool-age children have stressors that cause trauma. Divorce, abuse, neglect, and non-parental support are causes of trauma. According to Brinamen & Page (2012), a vital part of the literature review was family attachment. Using relationships to heal trauma provides a

therapeutic preschool student. Family perceptions of early interventions to help students understand the cause and solution to trauma affect young students.

As stated by Lovett & Herring (2003), an educator should look at trauma in preschool and mental health to ensure symptoms that cause trauma. According to Vericat Rocha and Ruitenbergh (2003), the role of preschool is a point of intervention and prevention for trauma-exposed children. Targeting early mental health interventions as a caregiver means addressing trauma symptoms in students and the need to include a parent engagement. Loomis (2018) stated that resilience to trauma is key to creating a safe and supportive early childhood classroom. The strategies involve implementing anger management activities, talking through play, coping skills through space, and drawing pictures. Behavior and cognitive impact through trauma on children will help early childhood teachers recognize indicators. According to Berson & Baggerty (2009), the gift of childhood is the capacity to dream and see the potential for achieving extraordinary things. The limitation to the action research on trauma in preschool is that not all children will receive the skills to help control and recognize their trauma. Education in the mental health of young children does not provide enough professional development for educators to truly identify and help control trauma in a preschool setting. The study will ensure success in an early childhood setting, but the support from families and other support staff may not provide the support needed for the child.

Further Research

Trauma in preschool needs further research on young children with trauma. Further research would indicate issues such as abuse, family support, and strategies that are not helping educators and students. The points stated above continue as professional development or training

to ensure all included working with the appropriate backing. Transitions for families do not mean changes in placement or services received but a means to change students' situations. According to DeYoung and Kenardy (2011), future research will need to look into developmental considerations and causes of young children with PTSD. Garro et al. (2011) state that schools offer security to and from school to ensure a child feels welcomed into the school and the educators feel they have a plan.

According to Vericat and Ruitenberg (2019), future research needs to focus on the child's mental health and well-being by broadening the dominant approaches that seek reliable prevention-based services. In addition, educators need to learn the stress level of young children. Another area of future research is considering the evidence of robust associations between violence exposure and early childhood internalizing and externalizing disorders. Mitchell (2013) states that findings underscore the relevance of assessing trauma exposure, particularly interpersonal violence, to identify young children at risk.

As stated by Wright (2009), an area for educators to prepare for students entering with trauma is better preparation for early childhood teachers to optimize social competence. The opportunities to provide research-based strategies or interventions ensure student success in their learning. Professionals act on behalf of children who suspect they have exposure to domestic violence. The study draws on the discourse of the preschool's responsibility for the children's well-being. The study states the most challenging relations between home and school in the intermediate domain. Munger and Markstrom (2018) note that the last topic of future research for young trauma children is to ensure that purposeful play is a way for educators to help young children exposed to trauma. Briggs-Gowan et al. (2010) state an area for future research to ensure a program-wide model of positive behavior support is in an early childhood setting.

According to Hemmeter et al. (2007), implementations of PBIS or Leader in Me provide educators the understanding of implementing the support to help young learners understand the positive component of a program to ensure students complete the right choice.

Conclusion

The study provides opportunities and support explaining trauma in preschool. Trauma comes in all forms in a school setting. Educators need social-emotional development strategies and interventions to teach skills for controlling trauma. Educators need more training in providing social-emotional strategies. Second-Step will teach students the essential skills to recognize and verbalize feelings or emotions. Instruction of skills will take part in the least restrictive classroom. Zones of Regulation allows students to identify their current feeling and share that information with the teacher. Educators will intervene when a student shares a feeling in either a red zone or yellow zone. The student will require additional adult time to assist in helping the student cope with feelings. Leader in Me will teach and focus on respect, empathy, leadership, and integrity. Feedback provided to students is calm and positive to allow the student to feel accomplished. All curriculums or skills will learn by the teaching of skill, modeling the skill, and practice the skill.

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Appendix

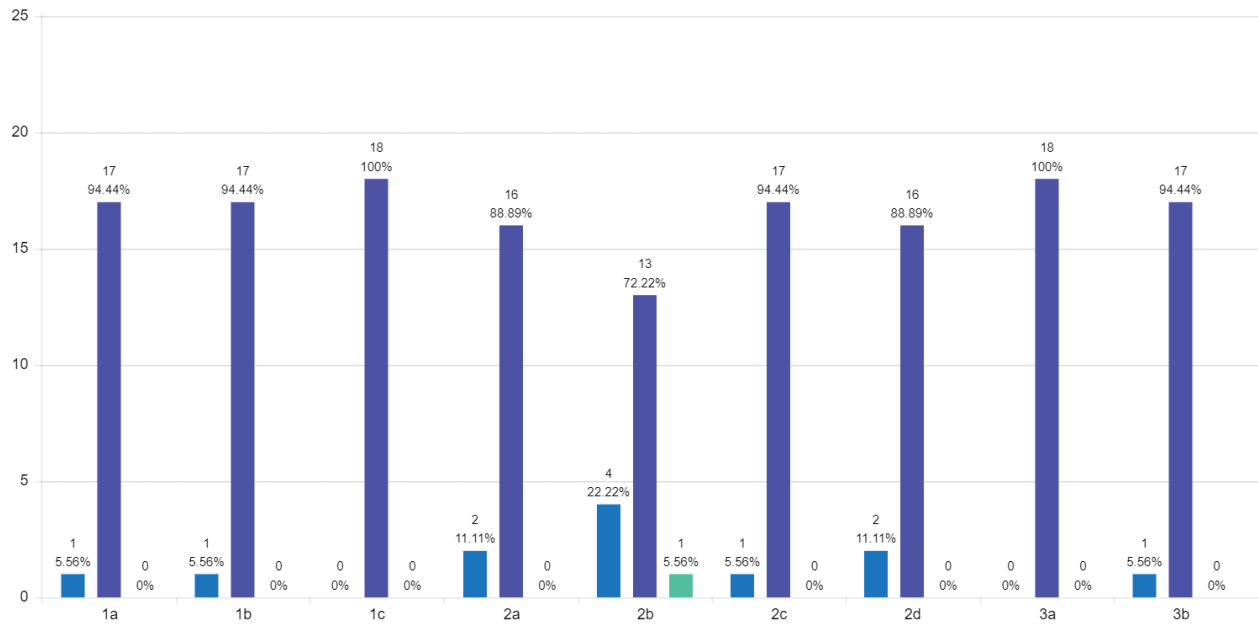


Figure 1: Fall Teaching Strategies Gold (Social-Emotional)

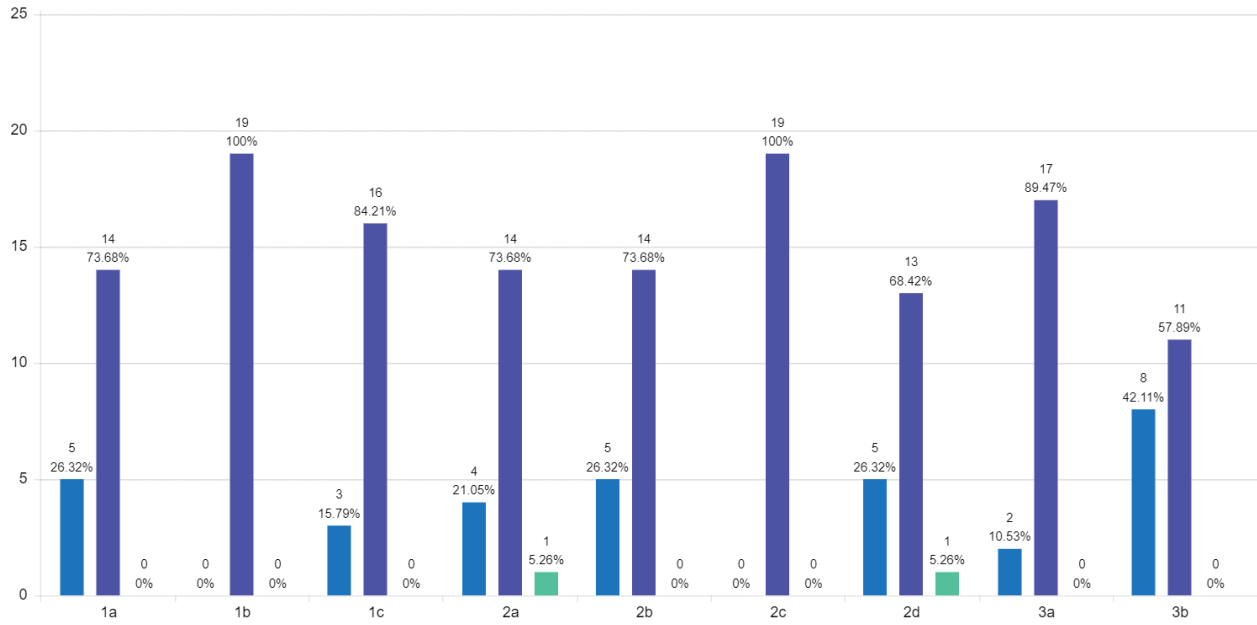


Figure 2: Winter Teaching Strategies Gold (Social-Emotional)

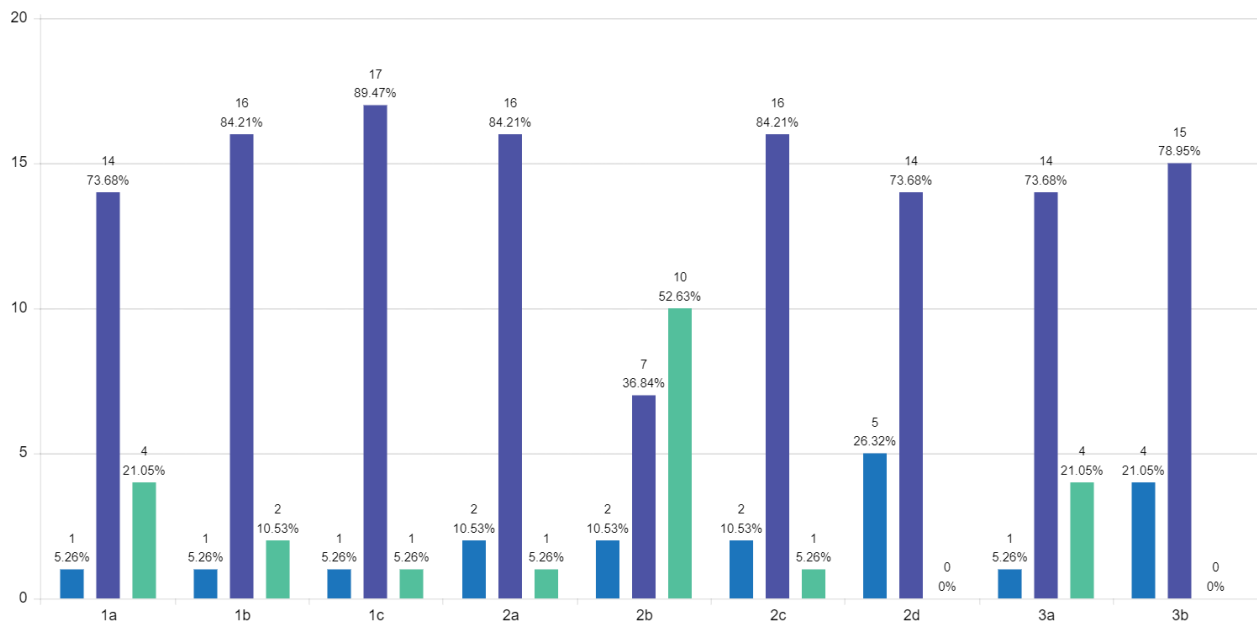


Figure 3: Spring Teaching Strategies Gold

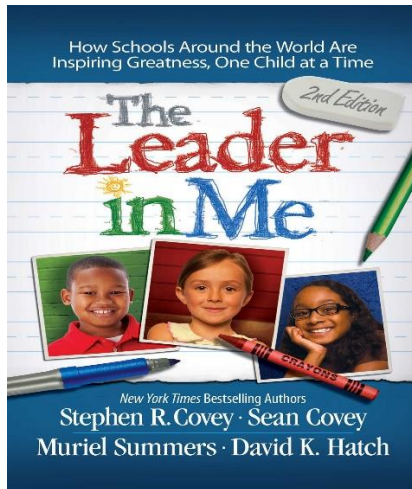


Header 1: Preschool Second Step Curriculum

The ZONES of Regulation

<p>Blue Zone</p> <p>Sad Bored Tired Sick</p>	<p>Green Zone</p> <p>Happy Focused Calm Proud</p>	<p>Yellow Zone</p> <p>Worried Frustrated Silly Excited</p>	<p>Red Zone</p> <p>overjoyed/Elated Panicked Angry Terrified</p>

Header 2: The Zones of Regulation



Header 3: The Leader in Me

